ORDER FOR SUPPLIES OR SERVICES												PAGE 1 OF	
1. CONTRACT/PURCH ORDER/AGREEMENT NO.				2. DELIVERY ORDER/CALL NO.			3. DATE OF ORDER/CALL (YYYYMMMDD)		4. REQUISITION/PURCH REQUEST NO.			REQUEST NO.	5. PRIORITY
6. ISSUI	ED BY			ADMINISTERED BY (If other than 6) CODE						8. DELIVERY FOB DESTINATION OTHER (See Schedule if other)			
9. CONTRACTOR CODE						FACILITY			10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD)			11. X IF BUSINESS IS	
NAME AND ADDRESS							12. DISCOUNT TERMS 13. MAIL INVOICES TO THE ADDRES				THE ADDRESS IN	SMALL DISAD- VANTAGED WOMEN-OWNED	
•							•	13. WAIL INVOICES TO THE ADDRESS II					BLOCK
14. SHIP TO CODE 15							15. PAYMENT WILL BE MADE BY CODE						MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
16.	DELIVERY/ CALL This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above no										ons of above numb	pered contract.	
TYPE OF	DURCH	DOLLAGE .									_	terms specified herein.	
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY FEED OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE											DATE SIGNED (YYYYMMMDD)		
18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES 20. QUANTITY ORDERED/ 21. 22. UNIT PRICE											23. AMOUNT		
18. ITE	M NO.	19. SCHEDULE OF SUPPLIES/SERVICES						ACCEP		UNIT	22. 0	, and the control of	ZS. AMOUNT
*If quantity accepted by the Government is same as quantity ordered, indicate by X.												25. TOTAL	
If different, enter actual quantity accepted below quantity ordered and encircle. BY:							CONTRACTING/ORDERING OFFICER 26.						
27a. QU	ANTITY	IN COLU	MN 20 HAS BEEN	151.				51411114011	110/011	JEI III VO	OTTIOLIT	<u> </u>	
INSPECTED RECEIVED ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED: b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE							DATE (YYYYMMMDD)	d. PRINTED NAME AND TITLE OF AUTHORIZED GO REPRESENTATIVE					OVERNMENT
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28	3. SHIP. NO.	NO. 29. D.O. VOUCHER NO. 30. INITIALS				30. INITIALS	
f. TELEPHONE NUMBER							PARTIAL	32. PAID BY 33. AMOUNT V			ERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						31	I. PAYMENT COMPLETE	34. CHECK NUMB				MBER	
a. DAT	E			JRE AND TITLE OF CERTIFYING OFFICER			PARTIAL	35. BILL OF LAI			DING NO.		
37. REC	EIVED	38. RECEIVED BY (Print) 39			39. DATE RECEIVED (YYYYMMMDD)	40	D. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER 42. S/R VOUCH				IER NO.	